Healthy People 2010

Health Objectives for the Year 2010
for Lincoln & Lancaster County
Nebraska

Mental Health Addendum

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Mental Health

*Health Objectives for the Year 2010: **T**he Surgeon General of the United States issued the first report on the topic of mental health in 2000. In it he offered a definition of mental health and mental illness that help define this chapter of Lancaster County's vision for the area of mental health by the year 2010.*

Mental Health Defined

***Mental health** - the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.*

***Mental illness** - the term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and / or impaired functioning.*

The Surgeon General made two key points: mental health is fundamental to health, and mental disorders are real health conditions. This report examines mental health and illness in the United States and confronts a "profound obstacle to public understanding, one that stems from an artificial, centuries-old separation of mind and body." This misunderstanding has lead to a stigma associated with admitting the presence of a mental disorder and presents barriers to seeking early effective treatment.

Almost everyone has experienced mental health "problems" - distress one feels that matches some signs and symptoms of mental disorders, but lack the duration or intensity to meet the diagnostic criteria of a mental disorder. Mental health problems warrant prevention and sometimes treatment to avert the consequences of the development of a disorder. The Surgeon General uses bereavement as an example. Grief symptoms may resolve themselves, but sometimes left unattended they become debilitating. They may place people at risk for depression, wich in turn is linked to death from suicide, heart attack, or other causes.

The advances of scientific research in the past twenty five years has led to the discovery of medications which have revolutionized the treatment of some mental disorders. In addition, various talk therapies have been used as sources of relief for those in mental distress and education for families and communities.

Table 1. Mental Health Indicators

	Lancaster Recent	*Lancaster Objective*	*Nebraska Recent*	*National Recent*	*National Objective*
MENTAL HEALTH STATUS IMPROVEMENT					
Suicide attempts that required medical attention by children grade 9 through 12	**1.6**[1]	**1.0**	**--**	**2.6**[2]	**1.0**[3]
Self Inflicted Injury rate per 100,000 population	**209.5**[4]	**157.0**	**--**	**--**	**--**
Percent of children in the school system identified with behavioral disorder (or rate per 1,000 enrolled children)	**1.8%**[5]	**1.4**	**--**	**--**	**--**
Percent of adults who report they felt sad, blue or depressed in the past 30 days.	**44.5.%**[6]	**33.4%**	**--**	**--**	**--**
Percent of adults who report they felt worried, tense or anxious in the past 30 days.	**58%**[7]	**43.5%**	**--**	**--**	**--**
Proportion of homeless adults who have serious mental illness	**--**	**19.0%**		**25.0%**[8]	**19.0%**[9]
Percent of 9-12 graders who drop out of High school	**6.1%**[10]	**4.6%**	**--**	**--**	**--**
Percent of individuals held in adult and juvenile correction facilities who have mental illness	**--**		**--**	**--**	**--**
Emergency Protective Custody orders issued for individuals 18 years or older per 100,000 population.	**350.0**[11]	**262.0**	**--**	**--**	**--**
Percent of persons reporting difficulty obtaining or maintaining employment due to mental health issues.	**--**	**25.0%**			
TREATMENT EXPANSION					
Percent of racial/ethnic minority adults who report ability to access appropriate care.	**--**	**75.0%**	**--**	**--**	**--**
Percent of adults who report they are comfortable talking with someone about emotional or mind problems.	**--**	**75.0%**	**--**	**--**	**--**
Percent of adults who report they are comfortable talking with a service provider about emotional or mind problems.	**--**	**75.0%**	**--**	**--**	**--**
Percent of public housing that offer programs addressing the special needs of people with mental illness.[12]	**--**	**100.0%**			
Percent of health care providers routinely screening all patients for anxiety and depression	**--**	**75.0%**	**--**	**--**	**--**
Number of behavioral health providers per capita by discipline					
Total all behavioral health providers per 10,000 population	**20.0**	**25.0**	**12.4**		
Physicians (Psychiatry) per 10,000 population	**1.0**	**1.25**	**0.9**		
Nurse Practitioner/Physician Assistant (Psychiatric) per 10,000 population	**0.1**	**1.0**	**0.1**		
Psychologists per 10,000 population	**4.0**	**5.0**	**1.9**		
Mental Health Practitioners per 10,000 population	**14.0** [13]	**17.5**	**9.5**[14]		

New technologies are emerging that make it possible for researchers to demonstrate the extent to which mental disorders and their treatment - both with medication and talk therapy - are reflected in physical changes in the brain.

An estimated 2.6% of adults have severe and persistent mental illness. Another 5.4 % of adults have a serious mental illness while 23.9% of adults have a diagnosable mental disorder. (Healthy People 2010 - Conference Edition Mental Health & Mental Disorders) It is estimated that mental and behavioral disorders or serious emotional disturbances lead to 5 percent of children and adolescents who are extremely impaired. Another 9% may have a serious emotional disorder with substantial functional impairment with another 20% having some diagnosable disorder. These figures have implications for parents, educators, health professionals and others involved in the care and service provision industry. Despite the prevalence of mental health disorders, it is estimated that only 25% of those with these mental disorders obtain help for their illness in the health care system. Compare this figure to that of persons with heart disease where it is estimated that 40 - 60% seek and receive care.

Some of the major and most common types of mental disorder are schizophrenia, affective disorders, and anxiety disorders.

Schizophrenia affects about 1 percent of the world's population and cuts across gender, race, and ethnicity. This translates to about 2,500 persons in Lancaster County. Schizophrenia follows a long term course with usual emergence in late adolescence or early adult hood. Recovery is an achievable goal, though the severity of symptoms may wax and wane.

Affective disorders include major depression and manic depression. Depression is the leading cause of disability among adults in developed nations according to the world health organization (from chapter 18 page 5) About 6.5 percent of women and 3.3 percent of men will have major depression in any year. That means that over 24,000 people in Lancaster County will experience major depression in any year. Manic depression, or bipolar illness, affects about 1 percent of the world's population, or 2,500 people in Lancaster County. These disorders are highly correlated with suicide.

Anxiety disorders include a number of conditions such as panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobia. These are among the most common disorders and affect as many as 19 million Americans annually.

There is a portion of the population who experience normal, or everyday life events (i.e. grief), that if not addressed could escalate into a prolonged source of mental distress.

Measuring the mental health of people in Lancaster County over the next ten years requires careful attention and diligence. Changes in the mental health of a community can have effects that ripple through many systems. The family can be disrupted, workplace affected, and educational, health care and criminal justice systems stressed with negative changes in mental health. Positive changes can enhance personal life satisfaction and can strengthen families and community systems.

One of the most devastating acts linked to mental health is suicide, though you do not have to have a mental illness to have suicidal feelings or thoughts. The incidence of suicide has been named as an indicator in the Unintentional and Intentional Injury chapter of Healthy People 2010. Nationally suicide is the 8th leading cause of death. In addition to completed suicides, suicide attempts and serious thoughts of suicide signal a need for intervention.

Some groups are statistically at a higher risk for suicide. Those at highest statistical risk for suicide are white males over age 65 (CDC). There is national information available to indicate that several other groups have suicide risks that are increasing, some at an alarming rate. The suicide rate among older adolescent males has quadrupled from the 1950's to the 1990's. Native American males have a risk of suicide three times that of the average rate for their age group. Native Americans and African Americans have a higher rate of suicide among the young and a lower rate among the elderly; European Americans, Asians, and Latinos have a rise in the rate for adolescents and young adults and another dramatic rise among the elderly. Children who witness violence in the home or who are victims of violence or family disruption are at a greater risk for suicidal behavior. High suicide rates are often correlated with times of unemployment and feelings of disenfranchisement. Poverty and homelessness are indicators that are correlated with both unemployment and disenfranchisement. Poverty levels are monitored in the Health Disparities (A-5) and Healthy Children (B-11) chapters of the Lancaster County Healthy People 2010 document. Historically minority groups or groups not of the dominant culture have experienced marginalization and despair brought on by discrimination, poverty, unemployment and feelings of being trapped. It is particularly important that access to culturally appropriate mental health services be discussed as a pertinent issue in Lancaster County as our communities become more culturally and ethnically diverse.

Many risk factors for mental distress can be reduced by protective factors, such as assuring easy access to a variety of interventions and support for those seeking help, families and communities, and ongoing medical and mental health care relationships. While risk factors and protective factors for suicide and other mental health problems are important to note, statistical risk and profiling is of no use without an educated public and available, accessible, and appropriate interventions.

Health Implications

Coping with a health problem like high blood pressure, diabetes, asthma or cancer can be complicated if a mental health problem or illness is also present. Concurrent health and mental health problems cannot be treated in isolation from one another. Mental health affects compliance with treatment regimens for physical health problems, and other serious problems (i.e., substance abuse, gambling.) Furthermore, substance abuse or addictions in conjunction with mental illnesses can place a person at high risk for suicide.

People with mental illness are also at higher risk for the development of some health problems. A recent study found that 41 percent of people with mental illness are smokers compared to 22.5 percent of people who have never been mentally ill. (Journal of the American Medical Association, Lasser, Karen et al, Nov 22, 2000). The health implications of smoking are enormous, placing the mentally ill at risk for the development of serious health problems.

Current Status and Trends

Treatment of mental health disorders and problems has been revolutionized by advances in research and the development of new medicines over the last decade. Today's treatment regimens include a combination of therapies that recognize the link between mental wellness and physical health. Research continues in the area of brain function that could lead to new and diverse treatment modalities in the future.

The continuing changes in technologies available to the community influence the delivery of services. The availability of information via the Internet, new tools available to researchers and to practitioners have changed the way we understand and learn about mental health issues. The advent of wireless technology may make it possible for services traditionally delivered in an office setting to be moved into the community, neighborhoods, schools and homes. Many people in Lancaster County who participated in the surveys and focus groups indicated that they were most comfortable talking to someone about problems in these settings. This presents an opportunity and challenge for service providers as they look to reach those most at risk for mental health problems.

The increasing diversity of our community has brought new attention to the definition and delivery of mental health services and its applicability across gender, culture, age, and economic boundaries. Cultural competence has become not only important, but necessary for providers. A diverse array of treatment methods must be available in the community to meet the cultural, economic, and social needs of the community. Of particular note is the need for native language providers who understand and can effectively treat refugee and immigrant populations.

The rise in empowerment of people receiving mental health services, and advocacy in mental health has been a noteworthy trend. This awareness, on the part of mental health consumers and their families, could provide a meaningful voice in determining future community needs in mental health.

Chronic under funding of mental health services has plagued service delivery and has affected the overall mental health of the Lancaster County. Recognizing the true cost of ignoring mental health could positively impact future funding. Mental health is socially systemic and multigenerational.

Health Disparities

Mental health services are not seen by many in Lancaster County as accessible to persons with low income or to persons who are non-white. Improving the mental health status of non-white communities will require approaches that educate these communities about available services. Even more importantly, service providers will need education and information about the various definitions, standards, and methods of mental health practice of non-white communities. The ultimate goal is to develop a system of care that integrates cross cultural expectations and practices within traditional mental health infrastructure that are used by all members of the community.

Lack of access to effective community treatment means that many people remain untreated or are incarcerated either as a result of symptomatic behavior or because more appropriate psychiatric hospitalization is not available to them. Society's movement toward incarceration as an answer to drug

abuse has meant an increase in the number of children and adults jailed who have both substance abuse and mental health problems in need of intervention and treatment. Incarceration generally tends to exacerbate mental illness through confinement, overcrowding of many facilities, and lack of treatment or rehabilitation services. The decompensation of someone in detention or jail who has a mental illness is likely without prompt identification and treatment. The suicide rate in jails nationally is nine times that of the general population. The prevalence of persons with mental disorders in correctional environments nationally is high. Locally there is some suicide screening in both juvenile and adult facilities. The availability of diverse mental health treatment or interventions in both has been minimal.

Services that are available, accessible and diverse in their modality and delivery are needed to reach across gender, ages, cultures, economic and social boundaries. There is a particular concern that children receive screening and early intervention when appropriate. Increased care coordination or case management for children and families who have been identified as at risk for mental health problems or disorders has been identified as important by people in Lancaster County. Navigating a confusing service system with multiple entry points and eligibility criteria is difficult for most families and often results in children not receiving all the services needed to prevent the development of further mental health problems or disorders in the future.

No discussion of disparity would be complete without mentioning the lack of parity in insurance coverage between the treatment of health disorders and mental health disorders. Coverage for mental disorders are capped and severely limited while coverage for other health disorders is extensive. This furthers stigma of mental health issues and discourages those with mental health problems from seeking treatment early.

Recommendations

- *Educate primary care providers (nurses, doctors) about the importance of screening for mental health problems and available interventions and referrals for those patients who require them.*
- *Enhance mental health screening at time of intake and throughout incarceration in adult and juvenile corrections / detention facilities to include screening for serious mental illness as well as suicide risk.*
- *Encourage treatment of juveniles and adults incarcerated in corrections/ detention facilities that is collaborative between those facilities and community providers to provide continuity of care for the client / detainee.*
- *Expand treatment alternatives available in Lancaster County that address mental health issues in a way that is culturally and ethnically accessible.*
- *Encourage service delivery methods that emphasize wellness not illness.*
- *Promote preventative models of mental health education*
- *Decrease the stigma associated with mental illness and seeking mental health care.*
- *Enhance the overall life satisfaction of those in Lancaster County*
- *Enhance the availability of early screening and intervention for children who are at risk for developing mental health problems.*
- *Use the public health model (surveillance, identifying causes, developing and testing interventions, and disseminating successful interventions) to study suicide and mental health problems in the community*

- *Enhance the connection between health and mental health systems in recognition of their effect on and relationship with each other.*
- *Assess current mental health service delivery practices in the community.*
- *Engage in strategic planning over time to insure availability of mental health services appropriate to population growth and make up.*
- *Address basic access issues (i.e., transportation, scheduling availability, location of service delivery, costs, etc.)*

Notes

Table 1

1. *Lincoln-Lancaster County Health Department, Youth Risk Behavior Survey, 1999.*
2. *Healthy People 2010 National Health Objectives, November 2000. Objective 18-2.*
3. *Healthy People 2010 National Health Objectives, November 2000. Objective 18-2.*
4. *Injury data from hospital e-coded injury records for all occurrences of self-inflicted injuries admitted to hospital in 1999, Lincoln-Lancaster County Health Department, Epidemiology, December 2001.*
5. *553 students out of a total of 31,052 students in the Lincoln Public School System had a primary disability identified as behavioral disorder in the 2000-01 school year. HttP://www.lps.org/about/statistics April 2001.*
6. *Behavioral Risk Factor Survey, 2000, percentage of adults who reported that feeling sad, blue or depressed for one or more of the past 30 days, Lincoln-Lancaster County Health Department, Epidemiology, December 2001.*
7. *Behavioral Risk Factor Survey, 2000, percentage of adults who reported feeling worried, tense or anxious for one or more of the past 30 days, Lincoln-Lancaster County Health Department, December 2001.*
8. *Healthy People 2010 National Health Objectives, November 2000, Objective 18-3.*
9. *Healthy People 2010 National Health Objectives, November 2000, Objective 18-3.*
10. *Total Drop out rate (9-12 grades) for Lincoln District, 1999-00 school year.*
11. *2000 Emergency Protective orders issued for people 18 years and older in Lincoln, NE. Lincoln Police Department.*
12. *Public housing includes federal housing initiatives, Fannie Mae, public financed housing projects.*
13. *Per capita number of individuals licensed as mental health professionals by the NDHHS Licensure and Regulation. Includes: Physicians, Nurse Practitioners and Physician Assistants with a primary specialty equal to Psychiatry and Psychologists (Clinical and non-clinical), and Mental Health Practitioners. Social Workers are only included if they are also licensed as Mental Health Practioners. At this time, information is not available regarding gender and languages. Data provided by Bureau of Licensure and Regulation and UNMC Health Professional Tracking Program. In the future, UNMC Health Professional Tracking Program will have more information available.*
14. *Number of individuals licensed as mental health professionals by the NDHHS Licensure and Regulation. Includes: Physicians, Nurse Practitioners and Physician Assistants with a primary specialty equal to Psychiatry and Psychologists (Clinical and non-clinical), and Mental Health Practitioners. Social Workers are only included if they are also licensed as Mental Health Practioners. At this time, information is not available regarding gender and languages. Data provided by Bureau of Licensure and Regulation and UNMC Health Professional Tracking Program. In the future, UNMC Health Professional Tracking Program will have more information available.*

Narrative Sources:

1. *Lancaster County Healthy People 2010*
2. *Healthy People 2010 – Conference Edition Mental Health & Mental Disorders*
3. *Surgeon General's Call to Action to Prevent Suicide, 1999*
4. *A Report of the Surgeon General on mental health*
5. *U.S. Census 2000*
6. *Centers for Disease Control Presentation – NOPOC Suicide Conference proceedings*
7. *Journal of American Medical Association, Lass, Karen et al, Nov 22, 2000*
8. *Families First & Foremost Focus Group Responses*
9. *Community Mental Health Center Focus Group and Questionnaire Responses*

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Mental Health

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